



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 27, 2005.

  
Christina L. Vann

Applicant : Woon Shing Tai, et al.

Confirmation No. 2231

Application No. : 10/807,014

Filed : March 22, 2004

Title : PUTTING AID FOR AIDING A GOLFER IN PROPERLY ALIGNING  
THE GOLFER'S LINE OF SIGHT, PUTTING STROKE AND CLUB  
HEAD ANGLE

Grp./Div. : 3711

Examiner : Nini F. Legesse

Docket No. : 52248/C990

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Post Office Box 7068  
Pasadena, CA 91109-7068  
December 27, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED                                                                                                                                                                                                                                     |                                           |                               |                           |                      |                      |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|---------------------------|----------------------|----------------------|-----|
|                                                                                                                                                                                                                                                       | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Paid For | Number<br>Extra<br>Claims | Small Entity<br>Rate | Large Entity<br>Rate | FEE |
| Total Claims Fee                                                                                                                                                                                                                                      | 19                                        | *20                           | 0                         | 0 x \$25.00          | 0 x \$50.00          | 0   |
| Independent Claims                                                                                                                                                                                                                                    | 4                                         | ** 4                          | 0                         | 0 x \$100.00         | 0 x \$200.00         | 0   |
| Multiple Dependent<br>Claims ***                                                                                                                                                                                                                      |                                           |                               |                           | \$180.00             | \$360.00             | 0   |
| TOTAL FILING<br>FEE                                                                                                                                                                                                                                   |                                           |                               |                           |                      |                      | 0   |
| NO ADDITIONAL<br>FEE REQUIRED                                                                                                                                                                                                                         | IF NO FEE REQUIRED, INSERT "0"            |                               |                           |                      |                      | 0   |
| LIST INDEPENDENT CLAIMS: 1, 7, 15, and 47                                                                                                                                                                                                             |                                           |                               |                           |                      |                      |     |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3<br>** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3<br>*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST<br>TIME |                                           |                               |                           |                      |                      |     |


**Amendment Transmittal Letter**  
**Application No. 10/807,014**

\_\_\_\_ Attached is our check for \$0 to pay the fees calculated above.  
X A Petition for Extension of Time and the required fee are enclosed.  
\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By   
Saeid Mirsafian  
Reg. No. 52,035  
626/795-9900

SM/clv

CLV PAS659088.1-\* -12/27/05 10:51 AM